

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2009)

See Instructions and *Privacy
Statement On Reverse Side

Page 1 of 1 Pages

CLAIMANT'S NAME Ron Diedrich			SSN or EMPLOYEE NUMBER*			DEPARTMENT General Services		
POSITION Director		CB/ID No. Ex	DIVISION or BUREAU Executive Office				INDEX NUMBER	
RESIDENCE ADDRESS* On File			HEADQUARTERS ADDRESS 707 Third Street				TELEPHONE NUMBER (916) 376-5012	
CITY West Sacramento	STATE CA	ZIP CODE 95605						

(1) NORMAL WORK HOURS

(2) PRIVATE VEHICLE LICENSE NUMBER
3SUA178(3) MILEAGE RATE CLAIMED
0.550

(4) MONTH/YEAR 11/09		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION				(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY	
(5) DATE	TIME			BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
										MILES	AMOUNT			
20	0415 1615	Sacramento to Lancaster and Return							PC	9.00	42.00	23.10		32.10
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
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											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
(13) SUBTOTALS			0.00	0.00	0.00	0.00	0.00	0.00		9.00	42.00	23.10	0.00	32.10

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL

\$32.10


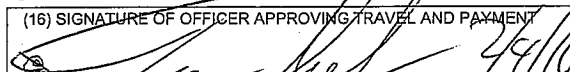
(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Travel to attend the dedication of the William J. "Pete" Knight Veterans Home of California - Lancaster

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE 	DATE 12-16-2009	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT 	DATE 2/4/10
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)			DATE